

CBP Membership Renewal Agreement FY16

(Last Name)

(First Name)

(MI)

Work E-mail: _____ Work Phone: _____

Emergency Contact Name & Phone: _____ Member # _____

AGREEMENT

I hereby certify that I am an eligible candidate for membership by virtue of my position as a direct hire civil servant or otherwise eligible as determined by the criteria established by the governing Agencies.

_____ [Applicant's Initials]

RULES AND REGULATIONS

I have read and had the opportunity to ask questions about the rules and regulations of the Ronald Reagan Building Fitness Center _____ [Applicant's Initials]. I agree to abide by ALL of the rules and regulations of the facility _____ [Applicant's Initials]. I understand that I run the risk of losing my fitness center membership if I do not follow ALL rules and regulations _____ [Applicant's Initials].

No Screening Expiration Date: _____

I hereby certify that my medical health has not changed since I was originally screened. In the event that it does, I will notify the staff immediately _____ [Applicant's Initials]

Signature: _____ Date: _____

Staff Initials: _____